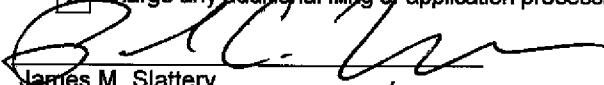


<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 0091-0245PUS1																																											
Application No. 10/533,790-Conf. #4572		Filing Date May 4, 2005		Examiner Not Yet Assigned	Art Unit N/A																																										
Applicant(s): Ingemar BERNDTSSON et al.																																															
Invention: BLOOD TESTING APPARATUS																																															
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>																																															
Transmitted herewith is an amendment in the above-identified application.																																															
The fee has been calculated and is transmitted as shown below.																																															
<table border="1"> <thead> <tr> <th colspan="6"><b>CLAIMS AS AMENDED</b></th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>18</td> <td>- 20 =</td> <td>0</td> <td>x 25.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>- 3 =</td> <td>0</td> <td>x 105.00</td> <td>0.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="6"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00</td> </tr> </tbody> </table>						<b>CLAIMS AS AMENDED</b>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	18	- 20 =	0	x 25.00	0.00	Independent Claims	2	- 3 =	0	x 105.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00					
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<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00																																															
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity																																															
<input type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 James M. Slattery Attorney Reg. No.: 28,380 #43,368																																															
Dated: May 9, 2008																																															
f/ BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8015																																															